Approved for use through 1/1 1/2006 OMB ON 1003

Under the Papermont Reduction Act of 1995, no periode and recurred to respond to a collection of information under a district of valid CME control comber. U.S. Perlant and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docket Humber Substitute for Form PTO-875 Effective December 8. 2004 36. APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN (Caimin 2) SMALL ENTITY ÓR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE RATE (\$1 FEE AL BATE (4 137 CFR 1 1641 (6) # (6)1 HVA HIA FEEGS **HVA** SEARCHFEE 150.00 ŇIA 300.00 (37 CFA | 16(W. |1) ox [m] NVA N/A NA \$250. EXAMINATION FEE NIA \$600 (37 CFR 1 1610) (p), or [9]) NA N/A HIX \$100 TOTAL CLAIMS NA \$200 137.CFR 1 18(0) MINUS 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 ÓR e Ceunum X100 X200 001 besoxe agniward board solloeds entit APPLICATION SIZE sheets of paper, the application size fee due 1 \$250 (\$125 for small entity) for each 137 CFR 116(4) additional 50 sheets or fraction thereof, See U.8.0. 41(a)(1)(Q) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I IGUI +160= +360 if the difference in column 1 is less than 2010, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY OR CLAIMS REMAINING NUMBER PREVIOUSLY PRESENT 2-4106 RATE (1) AMENDMENT after ADD(-**EXTRA** RATE(\$) ENDMENT FEE (1) ADDI-PAID FOR pi cre ciem TIONAL Minus 10 0 FEED X\$ 25 X\$50 Minus OR Ø X100 X200 Application Size Fee (37 CFR 1.16(6)) OΩ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST Œ PRESENT NUMBER APTER. RATE (\$) ADDI-TIONAL PREVIOUSLY RATE (1) EXTRA -IOOA PAID FOR TIONAL FEE H Total and FEE (1) Mirus X\$ 25 thorpendent. X\$50 Minue 144, ... OR X100 X200 Application 6126 F40 (37 CFR 1.16(8)) OR first presentation of multiple dependent claim. (At CFR 1.16@) +180= +360± OR TOTAL If the entry in column 1 is been than the entry in column 2, write "O' in column 3.

If the Highest Number Previously Paid For" In THE SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (In THE SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (In THE SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (In The SPACE is less than 3, enter "20".

It the Highest Number Previously Paid For" (In The SPACE is less than 3, enter "20".

It collection of Information is required by 37 CFH 1.16. The information is required to what no retain a benefit by the public which is to file (and by file) and policy and explication. Confidentially to potented by 35 U.S.O., 122 and 37 OFH 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and exhaulting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commitment is involved of line you require to complete this form and/or suggestions for reducing this burden, shoold be sent to the Chief Information Officer, U.S. Pedent Individual case. Any commitment is Indianant of Commerce, P.O. Box 1460, Nexandria, VA 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450. TOTAL ADD'L FEE OR